

Pre-Visit Worksheet

State Staff Sign-Off		
Role	Staff Name & Signed Initials	Date
Financial Specialist		
Vendor Services		
Integrity		
Breastfeeding Coordinator		
Civil Rights		
Nutrition Coordinator		
Outreach Coordinator		
Information Technology (IT) Specialist		
State Director		

Agency Name: _____ Date of On-site Visit: _____ Monitoring Staff: _____

Grants Received (separate forms for monitoring must be completed): FMNP BFPCP

Participation (current FFY funding formula): _____ Agency Size: Small Medium Large

Lead Local Agency Information			
Address (physical):			
Agency Director:			
Main Clinic Days Open:		Main Clinic Office Hours:	
Staff (list all names and roles):			
Satellite Clinics (If applicable)			
Location/address:			
Days Open:			
Office Hours:			
Staff (list all names and roles):			
Results from Previous Monitoring (attach score sheet and CAP)			
Date of Last Monitoring:	Tier: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Tier 2/3: Are self-chart reviews submitted on time? Y <input type="checkbox"/> N <input type="checkbox"/>	Tier 3: CAP Completion Verification Submitted? Y <input type="checkbox"/> N <input type="checkbox"/>		
Comments:			

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Contract/Fiscal Compliance (Financial Specialist)

Contracts	Yes	No	Comments
Are current signed satellite or sub-contracts (such as Dietitian) on file and submitted in a timely manner?			
Are Services Contracts or Task Orders Submitted on time?			

Expenditure Reports Reviewed (list month(s)/year(s)): _____

Expenditure Report Review	Yes	No	Comments
Has all back-up documentation been received?			
Are expenditure reports submitted on time in accordance with executed contract?			
Are expenditure reports accurate?			
Do the payroll documents confirm the amounts listed in the expenditure reports?			
Is there any line item that is not accounted for with appropriate documentation?			
Are expenses accounted for in the correct fiscal year?			
Were there capital expenditures? Was it pre-approved by FNS?			
Were all expenses reasonable, necessary and actual to the MT WIC program?			

WIC Financial Questionnaire Received (date): _____ Complete: Y N

Comments: _____

Finding: Discussion Topic:

Timestudy (Financial Specialist)

Are local agency staff submitting on time? Y N

Comments: _____

Finding: Discussion Topic:

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Separation of Duties (SOD) (Integrity)

Is the Local Agency in compliance with SOD policy? Y N

Have there been any concerns related to SOD audits since the last monitoring? Y N

Comments: _____

Finding: Discussion Topic:

Over-issuance (Integrity)

Has this Local Agency had any instances where more than the maximum allowable WIC benefits are issued for a benefit period? Y N

Was the Agency required to repay the State Office? Y N Received within 30 days: Y N

Comments: _____

Finding: Discussion Topic:

Card Replacement (Integrity/Vendor)

Has this local agency had participants who have met the excessive card replacement rate of 4 cards or more in the last 12 months? Y N

If yes, how many households received a letter: _____ Number of households in the Agency: _____

Is there sufficient documentation in the participant charts related to card replacements? Y N

Comments: _____

Finding: Discussion Topic:

Training (Nutrition Coordinator)

Annual Civil Rights Training completed: Y N

Staff Training Form completed and submitted within 60 days for all new staff: Y N

New Employee Training completed for all new staff within 12 months: Y N

Continuing Education Credits completed by all staff annually: Y N

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Comments: _____

Finding: Discussion Topic:

Complaints (Vendor Coordinator/Integrity)

Has the local agency received any program complaints since the last monitoring visit? Select one:

Retailer Complaints Participant Complaints No Complaints

Were there any occurrence(s) of the local agency not responding/following up on complaints received since the last monitoring? Yes No

If there were occurrences of a participant committing the same type of WIC program violation, did the local agency provide the appropriate sanction? Yes No

Has the State Office received any complaints about the Local Agency since the last monitoring?

Yes (If yes, how many: _____) No

Comments: _____

Finding: Discussion Topic:

Nutrition/Breastfeeding- (Nutrition and Breastfeeding Coordinators)

Is the annual Nutrition and Breastfeeding Education Plan completed and submitted on time: Y N

Is the Plan appropriate to the Local Agency assessed needs and aligned with State goals and Objectives?
Y N

Comments: _____

Finding: Discussion Topic:

Breast Pump Inventory (Breastfeeding Coordinator)

Are the *Breast Pump Log* and SPIRIT inventory being used according to policy? Y N

Is the documentation of assessment for pump issuance according to policy? Y N

Is there a 3 day follow up once a pump is issued? Y N

*Review at least 3 charts from pump log

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HHID/Participant ID	Comments

Comments: _____

Finding: Discussion Topic:

Outreach (Outreach Coordinator)

Participation % change (increase vs. decrease since last monitoring): _____

Outreach Plan/Log Reviewed: Yes No

Outreach Plan Approved (including yearly newspaper published): Yes No

Outreach to target population met: Yes No

Comments: _____

Finding: Discussion Topic:

Information Technology- IT Specialist

Network: Off On

Local Agency submitted documentation of IT equipment inventory survey pulled from Tableau within 30 days of on-site visit: Yes No

Comments: _____

Finding: Discussion Topic: